

## Risk Assessment Summary (RAS)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Risk Assessment Summary			
<b>Sources of Information</b> <small>[select all that apply]</small>	<input type="checkbox"/> Patient <input type="checkbox"/> Providers <input type="checkbox"/> Admission assessment <input type="checkbox"/> Other	<input type="checkbox"/> Legal/Police Records <input type="checkbox"/> Medical Records <input type="checkbox"/> Case management records	<input type="checkbox"/> Family <input type="checkbox"/> Forensic evaluation <input type="checkbox"/> Community providers
<b>CORI Reviewed</b> <small>[select one]</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not yet available	
<b>SORI Report Reviewed</b> <small>[select one]</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> Not yet available	
Violence to Others Risk			
<b>History of Violence to Others</b> <small>[select one]</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Incomplete
<b>Independent Forensic Risk Assessment (IFRA) Criteria</b> <small>[select all that apply]</small>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Rape <input type="checkbox"/> Mayhem <input type="checkbox"/> Murder <input type="checkbox"/> Arson or any fire setting	<input type="checkbox"/> Assault intent to rape <input type="checkbox"/> Indecent A&B under age 14 <input type="checkbox"/> A&B Intent to murder/kill <input type="checkbox"/> A&B intent to rape <input type="checkbox"/> Kidnapping	<input type="checkbox"/> SORB III <input type="checkbox"/> Stalking <input type="checkbox"/> Assault intent to murder/kill <input type="checkbox"/> Manslaughter
IFRA required if there was ever a conviction, a finding of NGRI or finding of IST (to the extent it is known, even if charges were eventually nolle prossed or dismissed) on any of the above charges.			
<b>Forensic Involvement/IFRA Comments</b> <small>[enter text]</small>	_____ _____ _____		
<b>IFRA Equivalent Lifetime Events</b> <small>[enter text]</small>	_____ _____ _____		
<b>Recency: Violence Within Last 12 Months</b> <small>[select all that apply]</small>	<input type="checkbox"/> Behaviors <input type="checkbox"/> Not applicable <input type="checkbox"/> Other:	<input type="checkbox"/> Threats with intent/plan <input type="checkbox"/> Thoughts with intent/plan	
<b>Other Violence Within Last 12 Months</b> <small>[enter text]</small>	_____ _____ _____		
<b>Severity: Violence Within Last 12 Months</b> <small>[select all that apply]</small>	<input type="checkbox"/> Behaviors <input type="checkbox"/> Not applicable <input type="checkbox"/> Other:	<input type="checkbox"/> Threats with intent/plan <input type="checkbox"/> Thoughts with intent/plan	
Medical Intervention Beyond First Aid For Violence (behavior, threat or thought) consider: -Assault -Arrest for violent crime -Weapon use -Restraining order/violation -Stalking related behaviors -Public figures -Duty to protect (warn)			
<b>Other Violence Lifetime</b> <small>[enter text]</small>	_____ _____ _____		

## Risk Assessment Summary (RAS)

<b>Violence to Others Risk</b> <b>Comment</b> <small>[enter text]</small>	<hr/> <hr/> <hr/>		
If an IFRA is required a Violence Risk Assessment is required. If there is an IFRA-equivalent lifetime event a Violence Risk Assessment is required. If RECENT and SEVERE criteria are met, then a Violence Risk Assessment is considered. A rationale is required if a Violence Risk Assessment is recommended.			
<b>Suicide/Self Injurious Behavior Risk</b>			
<b>History of Suicide Attempt (Lifetime)</b> <small>[select one]</small>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Incomplete
<b>History of Suicide Attempt (Within 3 Months)</b> <small>[select one]</small>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Incomplete
<b>Moderate or Severe Suicidal Ideation (Within 30 Days)</b> <small>[select one]</small>	<input type="radio"/> SI with method <input type="radio"/> Risk not moderate or high	<input type="radio"/> SI with intent	<input type="radio"/> SI with intent and plan
<b>Suicide Behavior/Ideation Comment</b> <small>[enter text]</small>	<hr/> <hr/> <hr/>		
Describe suicide behavior/ideation history and relevant SAFE-T, C-SSRS and Psychiatric documentation findings.			
<b>History of Non-Suicidal Self-Injurious Behavior (NSSI)</b> <small>[select one]</small>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Incomplete
<b>Non-Suicidal Self-Injurious Behavior (NSSI) Comment</b> <small>[enter text]</small>	<hr/> <hr/> <hr/>		
Describe history of NSSI. Note any recent escalation in NSSI frequency, severity and/or unusual self-harm since wither is associated with elevated suicide risk.			
<b>Suicide Capacity Comment</b> <small>[enter text]</small>	<hr/> <hr/> <hr/>		
Describe what is known regarding dispositional, acquired, and practical capacity as indicated.			
<b>Access to Guns</b> <small>[select one]</small>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Incomplete
<b>Access to Lethal Means Comment</b> <small>[enter text]</small>	<hr/> <hr/> <hr/>		
Describe means the person has considered and/or used in the past and access to those means.			
<b>Suicide Risk Considerations</b> <small>[select all that apply]</small>	<input type="checkbox"/> Not applicable <input type="checkbox"/> High lethality attempt <input type="checkbox"/> High risk behavior 2' to AMS <input type="checkbox"/> Serious suicide attempts	<input type="checkbox"/> Inpatient SA/intent <input type="checkbox"/> Unusual NSSI <input type="checkbox"/> Unremitting SI	
*Serious Suicide Attempts: History of multiple serious suicide attempts with ongoing suicidal intent while inpatient. *Unusual NSSI: Persistent unusually dangerous non-suicidal self-injury (i.e.: swallowing risky objects, self-immolation). *High-lethality Attempt: High potential lethality attempt related to this hospitalization. * Inpatient SA/Intent: History of suicide attempt and/or persistent suicidal intent while inpatient. * Unremitting SI: unremitting suicidal ideation with episodic intent and potential access to specified lethal means. * High Risk Behavior 2' to AMS (Altered Mental Status): Unusually dangerous or bizarre behavior secondary to altered mental status with suspicion of intent to die, e.g. substance use or psychosis.			

## Risk Assessment Summary (RAS)

<b>Suicide Risk Comment</b> [enter text]	<hr/> <hr/> <hr/>		
Specialized Suicide Risk Assessment must be considered for any responses other than <not applicable> to Suicide Risk Considerations. A rationale is required for referral.			
<b>Sexually Problematic Behavior Risk</b>			
<b>History of Sexually Problematic Behavior</b> [select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete		
<b>Sexually Problematic Behavior Risk Considerations</b> [select all that apply]	<input type="checkbox"/> Not applicable <input type="checkbox"/> IFRA PSB charges <input type="checkbox"/> SORB Level 0 (Unleveled) <input type="checkbox"/> Other PSB charges <input type="checkbox"/> SORB Level I <input type="checkbox"/> PSB w/o charges <input type="checkbox"/> SORB Level II <input type="checkbox"/> Serious PSB w/o charges <input type="checkbox"/> SORB Level III		
<b>Sexually Problematic Behavior Risk Comments</b> [enter text]	<hr/> <hr/> <hr/>		
MIPSB Referral must be considered for any responses other than <not applicable> to Sexually Problematic Behavior Risk Considerations. A rationale is required for referral.			
<b>Fire Setting Behavior Risk</b>			
<b>History of Fire Setting Behavior</b> [select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete		
<b>Fire Setting Behavior Risk Considerations</b> [select all that apply]	<input type="checkbox"/> Not applicable <input type="checkbox"/> Intentional fire setting (as adult) <input type="checkbox"/> Fire setting charge history <input type="checkbox"/> Problematic fire use <input type="checkbox"/> Other fire setting behavior risk, specify:		
<b>Fire Setting Behavior Risk Comments</b> [enter text]	<hr/> <hr/> <hr/>		
Fire setting risk assessment must be considered for any responses other than <not applicable> to Fire Setting Behavior Risk Considerations. A rationale is required for referral.			
<b>Risk for Substance Use and Overdose</b>			
<b>History of Substance Use Problems</b> [select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete		
<b>Class of Substance Use</b> [select all that apply]	<input type="checkbox"/> Nicotine <input type="checkbox"/> Alcohol <input type="checkbox"/> Cannabis <input type="checkbox"/> Opioids <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Designer drugs <input type="checkbox"/> Inhalants <input type="checkbox"/> Sedatives <input type="checkbox"/> Amphetamines <input type="checkbox"/> Hallucinogens <input type="checkbox"/> OTC medication <input type="checkbox"/> Misuse of prescriptions <input type="checkbox"/> Synthetics <input type="checkbox"/> Other:		
<b>Substance Use Involved in Risk Behavior Noted Above</b> [select all that apply]	<input type="checkbox"/> SU x violence <input type="checkbox"/> SU x suicide <input type="checkbox"/> SU x fire-setting <input type="checkbox"/> SU x PSB <input type="checkbox"/> No <input type="checkbox"/> Incomplete		
<b>Drug Overdose (OD) Risk Factors</b> [select all that apply]	<input type="checkbox"/> Not applicable <input type="checkbox"/> Opioid use <input type="checkbox"/> Fentanyl/oxycontin use <input type="checkbox"/> Crack/cocaine use <input type="checkbox"/> Opioid x benzo use <input type="checkbox"/> IV drug route <input type="checkbox"/> Snort/sniff drug route <input type="checkbox"/> Misuse near miss death/OD <input type="checkbox"/> Use of Narcan <input type="checkbox"/> Past MAT use <input type="checkbox"/> Med supervised <input type="checkbox"/> Peer network opioid use <input type="checkbox"/> Institutional violation <input type="checkbox"/> withdrawal <input type="checkbox"/> Witnessed OD <input type="checkbox"/> Family/friend OD <input type="checkbox"/> Recent detox <input type="checkbox"/> Other: <input type="checkbox"/> Suspicion selling drugs <input type="checkbox"/> Alcohol use		

## Risk Assessment Summary (RAS)

<b>Drug Overdose Risk Elevated</b> [select one]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Drug Overdose Risk is elevated for any person with at least one item identified under Drug Overdose (OD) Risk. Qualify the risks further in Substance Use Risk Comment.			
<b>Substance Use Risk Considerations</b> [select all that apply]	<input type="checkbox"/> Not applicable <input type="checkbox"/> Multiple section 35 <input type="checkbox"/> Repeated MAT complication <input type="checkbox"/> Opioid x benzo use <input type="checkbox"/> Other:	<input type="checkbox"/> Serious or multiple ODs <input type="checkbox"/> Sig med impairment 2' SU <input type="checkbox"/> SU x risk behavior <input type="checkbox"/> SU x MH complexity	<input type="checkbox"/> Med/psych inpt tx <input type="checkbox"/> Prescription misuse <input type="checkbox"/> SU x repeated arrest <input type="checkbox"/> SU x pregnancy
<b>Substance Use Risk Comment</b> [enter text]	<hr/> <hr/> <hr/> <hr/>		
Specialized Substance Use Assessment must be considered for any responses other than <not applicable> to Substance Use Considerations. A rationale is required for referral.			
<b>Specialized Risk Assessment Requirements</b>			
<b>IFRA</b> [select all that apply]	<input type="checkbox"/> Court eval tx recs <input type="checkbox"/> RAU needed <input type="checkbox"/> Requested for discharge	<input type="checkbox"/> Not applicable <input type="checkbox"/> Requested for CA <input type="checkbox"/> Complete for discharge	<input type="checkbox"/> Required <input type="checkbox"/> Complete for CA
CA: Community Access IFRA required if there was ever a conviction, a finding of NGRI or a finding of IST (to the extent is known. Even if charges were eventually nolle prossed or dismissed) on any of the above charges.			
<b>Violence Risk</b> [select one]	<input type="checkbox"/> Court eval tx recs <input type="checkbox"/> Complete	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Required
If an IFRA is required a Violence Risk Assessment is required. If there is an IFRA-equivalent lifetime event a Violence Risk Assessment is required. If RECENT and SEVERE criteria are met, then a Violence Risk Assessment is considered. A rationale is required if a Violence Risk Assessment is recommended.			
<b>Suicide Risk</b> [select one]	<input type="checkbox"/> Court eval tx recs <input type="checkbox"/> Complete	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Required
Specialized Suicide Risk Assessment must be considered for any responses other than <not applicable> to Suicide Risk Considerations. A rationale is required for referral.			
<b>MIPSB</b> [select one]	<input type="checkbox"/> Court eval tx recs <input type="checkbox"/> Complete	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Required
MIPSB Referral must be considered for any responses other than <not applicable> to Sexually Problematic Risk Considerations. A rationale is required for referral.			
<b>Fire Setting Risk</b> [select one]	<input type="checkbox"/> Court eval tx recs <input type="checkbox"/> Complete	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Required
Fire Setting Risk Assessment must be considered for any responses other than <not applicable> to Fire Setting Behavior Risk Considerations. A rationale is required for referral.			
<b>Substance Use Risk</b> [select one]	<input type="checkbox"/> Court eval tx recs <input type="checkbox"/> Complete	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Required
Specialized Substance Use Assessment must be considered for any responses other than <not applicable> to Substance Use Considerations. A rationale is required for referral.			
<b>Rationale for Recommendation of Assessments</b> [enter text]	<hr/> <hr/> <hr/> <hr/>		
Provide rationale for required/recommended Specialized Risk Assessments. If it is evident that one or more of the required Specialized Risk Assessments could/should be integrated into a single assessment, that rationale may be offered here as well;.			
<b>Treatment Plan Recommendations</b>			
<b>Risk-Related Treatment Plan Recommendations</b> [select all that apply]	<input type="checkbox"/> Not applicable <input type="checkbox"/> Sexually problematic risk	<input type="checkbox"/> Suicide risk <input type="checkbox"/> Fire setting risk	<input type="checkbox"/> Violence risk <input type="checkbox"/> Substance use risk
If a Specialized Risk Assessment is required/recommended by the RAS, then select the relevant items above for consideration in treatment planning. Treatment Plan Recommendations can also be made without a Specialized Risk Assessment requirement.			

Risk Assessment Summary (RAS)

Clinicians Involved in RAS Completion	
Clinician(s) Completing Form [enter text]	